

About One-Third of Delaware Adults Report Having Hypertension in 2017

In 2017, **34.9 percent** (about 264,000 people) of Delaware residents age 18 and older reported they had been told by a health care professional that they **have high blood pressure**, also known as hypertension.

Hypertension is a condition caused by increased force of blood pushing against the artery walls. When blood pressure remains high over extended periods of time, it can damage the heart and cause other health problems. It is known as the “**silent killer**” because usually there are no symptoms. In some rare cases, it can cause headaches and vomiting. However, the only way to know if someone has hypertension is to have a health professional measure blood pressure over time.

The Delaware Behavior Risk Factor Survey (BRFS) asks questions about hypertension awareness in odd-numbered years. Prevalence has remained steady for the past seven years—**34.8 percent in 2011, 35.6 percent in 2013, 34.5 percent in 2015, and 34.9 percent in 2017**. There is no statistically significant difference in prevalence between men (37 percent) and women (33 percent).

In 2017, African-American adults (39.4 percent) had a slightly (but not significantly) higher prevalence of reported hypertension than non-Hispanic white adults (36.4 percent).

Hypertension prevalence increases with age. Of those Delaware adults who were told by a health professional they had hypertension:

- 14.7 percent were 18-44 years old
- 32.3 percent were 45-54 years old
- 53.1 percent were 55-64 years old, and
- 61.0 percent were 65 years or older

As education and income increases, the prevalence of hypertension decreases. Among Delaware adults with a high school diploma or GED, 37.2 percent report being diagnosed with hypertension, compared with 31.6 percent of those with a college degree. Likewise, 43.7 percent of adults in the lowest income category say they have high blood pressure, compared with 30.5 percent of adults with incomes higher than \$50,000 a year.

There are no differences in prevalence of hypertension observed between Delaware adults who are lesbian, gay, bisexual, or transgender (LGBT) compared to heterosexual gender-conforming Delaware adults.

Risk Factors

Risk factors for hypertension include health conditions, lifestyle risks, and family history or genetics.

Conditions: Diabetes is known to be associated with hypertension. Of Delaware adults with diabetes, 68.9 percent also report being told by a health professional they have hypertension.

Behavior: Behavioral risk factors include poor diet, high sodium (salt) intake, physical inactivity, obesity, excessive alcohol consumption, and tobacco use.

When adjusting for age, smokers are nearly one and a half times more likely than non-smokers to have hypertension.

Among adults who are physically inactive, 40.2 percent report having hypertension (compared with 34.5 percent in the general population); and 50.6 percent of obese adults have hypertension.

Family history and genetics: Family history and genetics are likely to play a role in whether an individual develops hypertension. The risk of hypertension can increase when someone who has a family history of hypertension also engages in other behavioral risk factors, such as smoking or physical inactivity.

Medication

For some people with hypertension, medication in conjunction with reducing risk factors can be an effective way to control blood pressure.

Of Delaware adults who know they are hypertensive, 77.3 percent are currently taking medication for hypertension. As age increases, so does the prevalence of taking hypertension medication. Of those hypertensive Delawareans age 45-54, 76.5 percent report they are currently taking medication, compared to 84.1 percent of adults age 55-64, and 92.2 percent of adults age 65 and older.

Complications:

Uncontrolled hypertension can cause damage to a number of different organs within the body. These organs include the heart, brain, and kidneys.

- **Heart:** Over time, uncontrolled hypertension can cause arteriosclerosis, or hardening of the arteries, decreasing the flow of blood to a person's heart and leading to heart disease. This, in turn, can lead to angina or chest pain, heart failure, and heart attack.
- **Brain:** Uncontrolled hypertension can cause stroke by causing a burst or blockage in an artery in the brain.
- **Kidneys:** People with uncontrolled hypertension are at risk for developing chronic kidney disease, a loss of kidney function. This condition can cause retention of fluid, electrolytes, and wastes in the body because the kidneys are unable to filter the blood. As the chronic kidney disease progresses, it can be fatal without dialysis (artificial filtering of the blood) or a kidney transplant.

What You Can Do

Use Medicines As Directed

There are medications that can help lower and control hypertension, decreasing the risk of complications. If a medicine is prescribed for you, take it as you are instructed. If you reduce

risk factors—for example by starting an exercise program or changing your diet—tell your health care team. Your medication may need to be adjusted.

Make Healthy Lifestyle Changes

- Some research suggests **self-monitoring your blood pressure** at home with a self-monitoring device may help you lower your blood pressure. If you are willing and able to self-monitor, you may want to discuss this option in conjunction with other treatments with your health care team.
- Manage any other health conditions you have. If you need help learning to manage any diagnosed chronic disease, the Division of Public Health offers free classes. A class schedule is available **on the Healthy Delaware website**.
- **Don't smoke.** If you don't smoke, don't start. If you smoke, try to quit. And if you smoke, don't expose others to your second-hand smoke. If you need help quitting, call the **toll-free Delaware Quitline at 1-866-409-1858**.
- Be **physically active**, including both **strength-building and aerobic exercise**. Children and youth should get an hour of physical activity daily, and adults should get at least 30 minutes a day at least 5 days a week.
- Maintain a **healthy weight**.
- Eat a diet high in vegetables and fruits, and low in saturated fats, refined carbohydrates, and sugars. **Eat primarily high nutrient, low-calorie foods.**
<<https://dhss.delaware.gov/dph/dpc/eatright.html>>
- Eat a low-sodium diet. Don't add salt to foods, and choose foods that are lower in sodium. For individuals with hypertension, reduction to 1,500 mg. per day can result in greater blood pressure reduction
- If you drink alcoholic beverages, **do so in moderation**— up to one per day for women or smaller adults or up to two per day for men or larger adults. Never drink when it could put you or others at risk. Women who are pregnant should not drink alcohol.
- For more information regarding hypertension and other chronic diseases and their related risk factors, visit **HealthyDelaware.org**.

- If you have been told by your provider you have high blood pressure, you can register for a *free* **Chronic Disease Self-Management Program** using our **online registration at HealthyDelaware.org** or by calling 302-744-1020.

